2002 HMO Annual and Quarterly Supplement Report Instructions

Missouri Department of Insurance
Managed Care Section

Deadlines:

All requested information (Tables 1-7, Cost of Service Table and Supplements*) for the relevant reporting period, should be submitted by the dates listed below:

2002 Reporting Deadlines:

First Quarter Supplement (January 1, 2002 to March 31, 2002):	July 15, 2002
Second Quarter Supplement (April 1, 2002 to June 30, 2002):	October 15, 2002
Third Quarter Supplement (July 1, 2002 to September 30, 2002):	January 15, 2003
Annual Report Supplement (January 1, 2002 to December 31, 2002):	April 15, 2003
Final submission deadline of amendments	***June 16, 2003***

IMPORTANT: The 2002 HMO Report will go to press soon after June 16, 2003. The deadline cannot be extended beyond this date. Information submitted in amendment documents after this deadline will NOT be included in the report.

The Missouri Department of Insurance (MDI) assumes no responsibility for inaccuracy of data in the report due to untimely filing of documents. Also, please note that the Health Maintenance Organization is subject to penalties pursuant to section 354.444 RSMo and possibly section 374.215 RSMo if these deadlines are not met.

***NOTE:** Supplement 2 is required **annually only**. Do not send this supplement with the quarterly filings. Send this supplement with the Annual Filing only.

Filing fee: $20.00 (354.495 RSMo)

TD-1: Not Required

Where to send the Statement of Authorization (page 11):

Please mail the completed supplemental tables and diskette(s) on or before the above mentioned deadlines to:

Missouri Department of Insurance
Attn: Managed Care Section
P.O. Box 690
Jefferson City, MO 65102-0690

Where to E-Mail the Filing: JDuncan@sdcnotes.state.mo.us

How to contact the Managed Care Section:

Direct inquiries regarding the quarterly and annual supplement filings to the Managed Care Section via telephone at (573) 751-0794, or via e-mail at JDuncan@sdcnotes.state.mo.us.

MDI on the World Wide Web:

Information regarding this and other required filings may also be obtained on the MDI website at: www.insurance.state.mo.us.

Instructions for Tables 1-7 and Cost of Services Table

How to define Missouri Membership:

Find out how enrollment and utilization is broken down for the Financial Statements, and utilize that methodology. If your company prepares the Financial Statements on some basis other than "Live or Work", then a Special State Page will be required. The Special State Page will be prepared utilizing the "Live or Work" rule.

LIVE: If it is done on a residential (enrollee/subscriber's home Zip Code) basis, then the only activity reported in this Supplemental Filing should be for Missouri Zip Codes only (63001 - 65817).

WORK: If it is done on a group (contracts entered into with Missouri employers) basis, then the activity reported in this Supplemental Filing should be that of all enrollees or subscribers associated with those Missouri Groups.

Supplement 1 - Enrollment by Zip Code: This report should also be prepared using one of the methodologies stated above. For residential-based reporting, this report will contain only the Missouri Zip Codes (63001 - 65817) of current enrollees/subscribers. For group-based reporting, this report will contain the residential zip codes for all enrollees/subscribers associated with the Missouri groups, which may fall outside of the State of Missouri.

Tables (1-7) and Cost of Services: Instructions and Formatting Guidelines

1) Please submit Tables 1-7 and Cost of Service via e-mail to JDuncan@sdcnotes.state.mo.us or if you do not have access to internet e-mail, then submit the data on a 3 ½ inch High Density, MS-DOS PC compatible diskette, CD-Rom or Zip Disk. The disk must be clearly labeled with:
   a. Company Name, b. Reporting Period, and c. Diskette contents.
   Also you must virus check the Filing before sending it to the MDI.

2) **Tables 1-7 and the Cost of Services Table constitute a Set of Tables.** A Set of Tables must be submitted for each product a company offers, AND a Set of Tables for combined commercial products (HMO plus POS), if the company offers both these products. For example, Company X has an HMO, Medicare, Medicaid and POS product. They would need to submit **five** Sets of Tables:

   Company X:
   HMO (Tables 1-7 and Cost of Services Table)
   POS (Tables 1-7 and Cost of Services Table)
   Medicare (Tables 1-7 and Cost of Services Table)
   Medicaid (Tables 1-7 and Cost of Services Table)
   HMO & POS (Tables 1-7 and Cost of Services Table)

   These five sets of tables are preferably submitted in one "workbook"

3) The Utilization Tables 1-7 and Cost of Service Tables must be filed containing information based on **Missouri's "Live or Work" Rule**.

   If the company services the St. Louis metropolitan area the Set of Tables must include an extra Table 1 only for Jersey, Madison, St. Clair, Clinton and Monroe counties in Illinois. Or, if the company services the Kansas City metropolitan area the Set of Tables must include an extra Table 1 only for Leavenworth, Wyandotte, Johnson and Miami counties in Kansas. You do **not** need extra Illinois or Kansas tables for Tables 2-7 or the Cost of Services Table.

4) **General Formatting Notes:** Each table must be labeled to indicate:
   a. the table number, (i.e. Table 1, Table 2, etc.)
   b. the category of membership the table concerns, (i.e. HMO, POS, HMO/POS, MDCR, MDCD)
   c. the (and which state the data concerns for Table 1), (i.e. IL, KS, MO)
   d. the name of the company,
   e. the reporting period, and (see below)
   f. the table title.
   See Attachments 1-8 for examples of acceptable format.

5) **Reporting Periods:** Please provide data corresponding to the following reporting periods:

Reporting Period	Time Frame for the Reported Period
Quarter 1, 2002	January 1, 2002 – March 31, 2002
Quarter 2, 2002	April 1, 2002 – June 30, 2002
Quarter 3, 2002	July 1, 2002 – September 30, 2002
Annual 2002	January 1, 2002 – December 31, 2002

6) **DO NOT** include any Administrative Services Only (ASO) membership or utilization data in any of the Tables submitted.

   Note: ASO enrollees are defined as enrollees of the Health Maintenance Organization (HMO) for which the HMO performs administrative services only, such as claims processing for self-insured entities (third party at risk). The HMO has not issued an insurance policy (regardless of whether an identification card is issued) and therefore is not subject to any type of loss or liability caused by claims incurred by the ASO enrollees.

7) Any tables with blanks or zeros will be considered an incomplete filing unless the company submits a written statement that the service in question is not offered.

   If you contract out one or several services, you must obtain the utilization information from the company/network with whom you contract and incorporate that data into Tables 1-7. For the Cost of Services Table, you will include the financial information from the contracted company/network in the category "Total Capitation Cost" (see page 7 for further instructions). **The Missouri Department of Insurance will not accept a separate filing from the company/network with whom you have contracted to provide specified services.**

TABLE 1 – See Pages 15-18

Average Enrollment and Cumulative Member Months by Gender and Age:

A. Average enrollment should be reported in each age and gender category using total enrollment at the end of each month, adding the totals together and dividing by the number of months in the reporting period.

EXAMPLE 1:
Second Quarterly Filing-

	a	**m**	**j**	**a+m+j/3**
Age	April 30th	May 31st	June 30st	Average Enrollment
<1	3	5	2	3+5+2/3 = 3*
1-4	7	10	11	7+10+11/3 = 9*
etc…				

*(Please round to the nearest whole person.)

EXAMPLE 2:
Annual Filing

Enrollment on:

$$\frac{\text{Jan 31st + Feb 28th + Mar 31st + Apr 30th + May 31st + Jun 30th + Jul 31st + Aug 31st + Sept 30th + Oct 31st + Nov 30th + Dec 31st}}{12}$$

for each age category.

B. Cumulative Member Months (CMM) should be reported in each age and gender category.

CMM = total enrollment at the end of each month.
From example above, CMM is:

AGE	CMM
>1	10
1-4	28
etc…	

TABLE 2 – See Page 19

Hospital Utilization:

A. General Hospital/Acute Care Facility

1. **Medical/Surgical:** Refers to general hospital/acute inpatient care; includes any hospital days for services except maternity and mental health, e.g. pediatric, gynecology, neurology, etc.
2. **Maternity:** Refers to care connected with a live birth in a general hospital or acute care facility; only mothers' days should be counted, not newborns'. Please be sure and break down this data into the following categories:
   Normal
   C-Section
   Other
   Please add a footnote to Table 2 explaining the data captured in the 'Other' category.
3. **Newborn:** A newborn is considered admitted to the hospital, only after the mother has been discharged. Please count 'Days' as days accrued by the newborn after the mother is discharged.
4. **Mental Health:** Inpatient days when provided in acute care facilities, as opposed to psychiatric long-term institutions or wards. Acute Mental Health care in an Acute Care Facility. This data should be broken down into two subcategories:
   Chemical Dependency/Detoxification
   Other

5. **Other:** All other days and admissions that meet the General Hospital/Acute Care Facility guidelines but do not fit into any of the above categories. Please footnote what data is captured in this category.
6. **Subtotal for Part A:** The sum of points 1-5. **(NOTE: The Subtotal for Part A 'Days' and 'Admissions' should be equal to the Total 'Days' and 'Admissions' on Table 6.)**

B. **Specialty Facility-** Refers to inpatient stays in freestanding specialized facilities as opposed to acute inpatient hospital stays, except for Mental Health (see below).

1. **Rehabilitation:** inpatient stays at a freestanding rehabilitation facility.
2. **Nursing Home (SNF/ICF):** An SNF provides services to patients who require primarily restorative or skilled nursing care. An ICF provides services to patients not requiring the degree of care provided by a hospital or SNF but who require care and services provided at institutional facilities.
3. **Mental Health:** Inpatient days when provided in specialized psychiatric institutions or wards (specific area within an Acute Care Facility). Long-term Mental Health Care provided in a specialized psychiatric institution, or a specific area within an Acute Care facility. This data should be broken down into two subcategories:
   Chemical Dependency/Detoxification
   Other
4. **Other:** Other things that meet the Specialty Facility guidelines but do not fit any of the above mentioned categories. Please footnote what data is captured in 'Other'
5. **Subtotal B:** Sum of points 1-4.

C. **Grand Total Inpatient Utilization-** Subtotal for Part A plus Subtotal for Part B.

TABLE 3 – See Page 20

Hospital Emergency Care: ER utilization should be based upon members who were **not** admitted to the hospital from the ER. Admits to hospital from ER should be captured in Table 2 and again on Table 6.

A. **In-Network ER Utilization:** Emergency Room utilization with in the contracted network**.**

B. **Out-of-Network ER Utilization:** Emergency Room utilization outside of the contracted network. (NOTE: includes out of town utilization as well as local non-contracted ER utilization.

C. **TOTAL:** Sum of A and B.

TABLE 4 – Page 21

Ambulatory Utilization by Provider Type:

Ambulatory Care: Includes services provided on an ambulatory basis (patient received care by going to physicians' offices, outpatient departments or health centers) by both physicians and non-physicians. Excludes ambulatory referrals outside the health plan, emergency room care and services specifically captured in Table 5.

A. **Physician Encounters by Specialty:**

1. **Adult Medicine (Includes Family Practice, General Practice, Internal Medicine)**
2. **Pediatrics:** Pediatricians or Pediatric Specialists
3. **OB/GYN**
4. **Mental Health/Psychiatry/Chemical Dependency** (i.e. Psychiatrist)
5. **All Other Specialties:** All other physician encounters that do not fall in the above mentioned categories. Please footnote the category(s) of data being captured.
6. **Subtotal:** sum of 1-5.

B. **Other Professional Provider Encounters:** Consists of all other non-physician type providers meeting the Ambulatory Care criteria, e.g. Mental Health, Optometry, Podiatry, Dentistry, Chiropractic, Physician Assistants, Nurse Practitioners, etc…

1. **Mental Health** (i.e. Psychologist)
2. **Chiropractic**
3. **All Others:** Please footnote the category(s) of data being captured.
4. **Subtotal:** Sum of 1-3.

C. **Total:** Sum of part A subtotal and part B subtotal. **(NOTE: Total for Table 4 must be equal to Total for Table 7.)**

TABLE 5 – See Page 22

Other Services (Non-Admissions): Intended to capture other non-admission types of services such as Home Health Care visits, Surgery in a free-standing facility, same day hospital surgery, birthing rooms, psychiatric daycare, etc…

A. **Home Health Care Visits:** Care provided by health care personnel in the patients' home.

B. **Surgical Center (non-hospital):** Same-day surgery performed in a freestanding surgical center.

C. **In/Out Surgery (hospital) or Ambulatory Same-Day Surgery:** Surgery performed in a hospital but does not entail admission into the hospital.

D. **Birthing Center/Room:** Normal delivery in a birthing center or room not entailing admission to the hospital.
E. **Psychiatric Daycare:** Psychiatric care provided in an institution during the daytime **or** nighttime only (beyond a simple ambulatory care encounter)
F. **Other:** All other non-admissions that do not fall into one of the above mentioned categories. Please footnote the category (s) of data being captured.
G. **TOTAL:** Sum of A-F.

TABLE 6 – See Page 23
General Hospital/Acute Care Facility Utilization by Age and Gender: Days and Admissions should be based on age at the time the service was rendered.

Table 6 Total 'Days' for male and female and Total 'Admissions' for male and female must be equal to the Total of Part A on Table 2. (See Table 2 Part A – see pages 5-6.)

Only capture acute hospital admissions. **Do not capture sub-acute, long-term care or specialty facility admits.**

TABLE 7 – See Page 24
Ambulatory Utilization by Age and Gender: Ambulatory Encounters should be based on age at the time the service was rendered.

Table 7 Total Ambulatory Encounters for male and female must equal the Total of Table 4. (See Table 4 instructions-see page 6.)

Do **not** include the types of services captured in Table 5 (see pages 6-7).

COST OF SERVICES TABLE – See Page 25 – This is actual "Claims-Based" information, not IBNR.

Capitation is defined as: A per-member, monthly payment to a provider that covers contracted services and is paid in advance of its delivery. In essence, a provider agrees to provide specified services to plan members for this fixed, predetermined payment for a specified length of time, regardless of how many times the member uses the service. The rate can be fixed for all members or it can be adjusted for the age and sex of the member, based on actuarial projections of medical utilization.

Definitions of Column Headings:

A. **Total Medical Cost:** Total cost incurred for services provided to enrollees during the reporting period, net of any negotiated discounts with providers.
B. **Deductibles/Co-payments:** Total amount of payments made by enrollees in the form of any required copayment or coinsurance.
C. **COB Savings:** Coordination of Benefit Savings – Total amount of any savings related to coordination of benefits for enrollees with coverage under more than one plan.
D. **Other Offsets:** Total amount of any reduction in payment due to prior over-payments, or other reasons, etc.
E. **Total Paid:** Total Paid = Total Medical Cost – Deductibles/Co-payments – COB – Other Offsets
F. **Per Member Per Month:** PMPM = Total Paid / Cumulative Member Months (from Table 1)

Cost Categories:

A. **General Note:** Please be sure to include all Categories listed on the attached example table. Your filing will be considered incomplete if you report that you are unable to provide all the Cost Category data requested. (For example: you must be able to separate Inpatient and Outpatient Hospital costs, Inpatient and Outpatient Physician costs, etc…) If you have contracted out any Cost Categories, such as Inpatient Mental Health, Outpatient Mental Health or both please indicate in a footnote that these were included in the Total Capitation category. (See below, point C).
B. **Other:** On this line, report financial figures for all other Cost Categories not listed in this table. Please footnote what 'Other' includes.
C. **Total Capitation Cost:** Include here all costs for services contracted out (e.g. mental health services, lab/diagnostic/x-ray, etc…) NOTE**: If Capitation Costs are reported, you must footnote what those**

costs refer to, (e.g. mental health services, etc…). If you have more than one category listed in this footnote, please break out your Capitation Costs by each category.

D. Don't forget to fill in the general questions concerning average membership, total membership, cumulative member months, average age of members, total number of members who received services that resulted in a claim and the HMO Model type(s) (see page 14 for Model type definitions).

FINAL NOTE: Consistency between tables, supplements 1 and 2 and other required MDI filings is very important. To that end we have provided you with a detailed comparison form (see page 13). It will be to your advantage to thoroughly review this form before submitting your data to MDI. Also, to ensure that the tables are formatted and titled correctly, we have provided a sample Set of Tables (see Attachments 15-27).

Instructions for Supplements 1 and 2

Supplement 1: Instructions and Formatting Guidelines – see page 26.

1) Please submit Supplement 1 via e-mail to JDuncan@sdcnotes.state.mo or if you do not have access to internet e-mail, then submit the data on a 3-½ inch High Density, MS-DOS PC compatible diskette, CD-ROM or Zip Disk. Also you must virus check the e-mail attachment(s) before sending it to the Missouri Department of Insurance.

2) The company is to submit the requested data in spreadsheet format. ***NOTE: The filing will be considered incomplete if column headings/field names are incorrect or missing from the files. Please see below for further instruction.***

3) Supplement 1 should include information pertaining to Missouri and the adjacent metropolitan areas (as defined on page 4, item 3) that extend into Illinois and Kansas, in a manner that conforms to Missouri's "Live or Work" Rule. This information should conform to the methodology used by the Company to prepare the Quarterly/Annual Financial Statement. If your company prepares the Financial Statements on some basis other than "Live or Work", then a Special State Page will be required. The Special State Page will be prepared utilizing the "Live or Work" rule.

4) On Supplement 1 **do not** include any Administrative Services Only (ASO) membership. ***Note: ASO enrollees are defined as enrollees of the Health Maintenance Organization (HMO) for which the HMO performs administrative services only, such as claims processing for self-insured entities (third party at risk). The HMO has not issued an insurance policy (regardless of whether an identification card is issued) and therefore is not subject to any type of loss or liability caused by claims incurred by the ASO enrollees.***

SUPPLEMENT 1

Enrollment by Zip Code- ***Reporting Period (e.g. Q2_2001)***

Company Name

ZipCode	HMO	POS	Medicare	Medicaid
63125	250	50	0	20
65201	117	33	0	16
etc…				

A. ZipCode: Enrollment for all of Missouri and the adjacent metropolitan areas of Illinois and Kansas should be included in Supp1. Each record must contain a unique ZipCode. Please check your file carefully for duplicate ZipCodes before you submit your file to MDI. **NOTE: If duplicate ZipCodes are found your filing will be considered unsatisfactory.**

(1.) If this supplement is being prepared on a "Live" basis, there will only be Missouri zipcodes.
(2.) If this supplement is being prepared on a "Work" basis, then we will see zipcodes for Missouri as well as that of the surrounding states.
(3.) Total Enrollment is reported as of the last day of the Reporting Period.

B. HMO: Must contain all HMO product enrollment (as specified above in point 1) for the reporting period.

C. POS: Must contain all POS product enrollment (as specified above in point 1) for the reporting period.

D. Medicare: Must contain all Medicare product enrollment (as specified above in point 1) for the reporting period.

E. Medicaid: Must contain all Medicaid product enrollment (as specified above in point 1) for the reporting period.

<u>Annual Supplement 2</u> – see page 27.
Small and Large Employer Contracts and Enrollment – *Annual Only*
Company Name

A. Annual Supplement 2 is prepared in order to allow the Missouri Department of Insurance to more completely report to the Centers for Medicare & Medicaid Services (formerly HCFA) regarding access to coverage for small and large employers in Missouri.

B. Please see page 27 for an example of Annual Supplement 2.

C. **Annual Supplement 2 is required ONLY for the annual filing. It is not required for any of the quarterly filings.**

D. Please EXCLUDE any information regarding:

- Individual enrollment
- ASO enrollment
- Medicare enrollment
- Medicaid enrollment

E. Please note that there are two definitions of Small Employer:

a) The federal Health Insurance Portability and Accountability Act (HIPAA) defines Small Employers as groups of two to fifty (2-50).
b) Missouri defines Small Employers as groups of three to twenty-five (3-25), per § 379.930.2(28) RSMo.

Please INCLUDE data reflecting contracts and enrollment as of year-end for both the federal and the state definitions of Small Employers.

F. For Total Group, add line 6 + line 8. **DO NOT ADD** 6 + 7 + 8 as this will double count small employers.

a) Line 6 represents activity pertaining to Small Employers as defined under federal law in HIPAA, and includes any activity found on line 7.
b) Line 7 represents activity pertaining to Small Employers as defined in Missouri law, and is a sub-set of line 6.

G. Please note that Total Group Enrollment will be compared to the State Page of the Annual Financial Statement.

H. **If any of the above mentioned directions are not followed, your <u>ANNUAL</u> filing will be considered incomplete.**

Before E-Mailing the Filing!!!

- **Review your filing and verify that all information is accurate.** ***The Missouri Department of Insurance will not process faulty data.***
- **Make sure that** ***the Company representative that completed the supplemental filing signs the following Statement of Authorization*****.**
- **Be sure and mail a signed original, of this document, to the address noted on page 2.**
- **Take note that if corrected information is not received by MDI by June 15, 2003, it will not be included in the 2002 HMO Annual Report.** ***The Missouri Department of Insurance assumes no responsibility for the inaccuracy of data presented in the HMO Annual Report as a result of untimely filings.***

Important Reminder:

To ensure uniformity and accuracy in data reporting and to maintain a standard of fairness, these instructions, both for content and format, must be adhered to. If submitted data is found to be out of compliance with the 2002 instructions the company must correct the filing and resubmit to Missouri Department of Insurance. Please note that failure to meet specified deadlines may subject an HMO to a forfeiture pursuant to §374.215 RSMo. §374.215 RSMo requires MDI to notify any company of its failure to file by first class mail. These instructions shall be considered such notification.

Statement of Authorization

I hereby certify that I have investigated the qualifications and accuracy of this filing and that the submitted data meets all requirements under this State's insurance statutes and regulations. I am duly authorized to release said data on behalf of the organization to which this request applies. I certify that the submitted e-mail attachment(s) (or diskette(s)) has/have been checked for viruses by an anti-virus software package and does not contain any viruses.

_____	_____
Signature	Date Signed
_____	_____
Name above typed or printed	Title
_____	_____
Company	Phone Number

Check List for Reviewing Tables 1-7 and Cost of Service Table

COMPANY NAME: _____

The following lines of data should match in value:

TABLE 2 and TABLE 6
TABLE 2- Total for Part A
Table 2 (days):_____ Table 2 (admissions): _____

TABLE 6- Total
Table 6 (days):_____ Table 6 (admissions): _____

TABLE 4 and TABLE 7
Table 4 (total): _____
Table 7 (total): _____

Enrollment:
Within each set of tables, Average Enrollment from Table 1 and the Cost of Services Table must be equal.

Cost of Services and Supplement 1 Total Enrollment as of last day of the period reported should be equal. **Note: Total Enrollment is reported using Missouri's "Live or Work" Rule.**

MDI expects Total Enrollment to be within ±5% of Average Enrollment for the reporting period unless written notification of extenuating circumstances (such as rapid growth of a new product, or elimination of a product) is provided with the filing.

A) Average Enrollment
Table 1 _____
Cost of Services _____

B) Total Enrollment (as of last day of the period reported)
Supplement 1 _____
Cost of Services _____

C) Is point B (total enrollment) within ±5% of Point A (average enrollment)? **YES** or **NO**
If **NO**, why not? _____

Table 1 Cumulative Member Months should equal Cost of Services Cumulative Member Months.

Table 1 Cumulative Member Months _____
Cost of Services Cumulative Member Months _____

NOTE:

Correlation, between the Annual Managed Care Filing and the Annual Financial Statement, will be done utilizing the "State Page" and Schedule T of the Financial Statement.

Model Types and Definitions

IPA: An organized prepaid health care system that contracts directly with physicians in independent practice, with one or more associations of physicians in independent practice and/or with one or more multi-specialty group practice(s), but is predominantly organized around solo/single-specialty practices to provide health care services.

Group: An organized prepaid health care system that contracts with one independent group practice to provide health care services.

Network: An organized prepaid health care system that contracts with two or more independent group practices to provide health care.

Staff: An organized prepaid health care system that delivers health care services through a salaried physician group that is employed by the healthcare system or HMO.

Mixed: Any combination of the above mentioned types. If the company falls into this type, please list all the above types that apply.

Summary of 2002 Managed Care Filing Instruction Changes

Page 2:
- Supplement 4 has been renamed Supplement 2.
- Reporting Deadlines updated for the new reporting year.
- Simplified information following "Filing Fees:"
- Updated "Where to send the Supplement Filing:"
  to: "Where to send the Statement of Authorization:"
- Formalized e-mailing filings, by adding: "Where to E-Mail the Filing:"

Page 3:
- Provided requirements if Financial Statements are not prepared using Missouri's "Live or Work" Rule.

Page 4:
1. Formalized e-mailing the filings.
2. Indicated preference for tables to be in one unified "workbook", versus submitting each table "individually".
3. Clarified instructions for conformity to the "Live or Work" Rule.
4. Placed Table Heading detail in the order in which it appears.
5. Updated reporting period information for the new reporting year.

Page 5:
- Table 1 - assigned page numbers to attachments
- Table 2 - assigned page number to attachment
  A.4. Provided clarifiction on Mental Health - Part A - Acute Care Requirement

Page 6:
- Table 2 - continued
  B. 3. Provided clarification on Mental Health - Part B - Specialty Facility/ Long-Term Care Requirement
- Table 3 - assigned page number to attachment
  A. Renamed "In-Area" to "In-Network"
  B. Renamed "Out-of-Area" to Out-of-Network"
- Table 4 - assigned page number to attachment
  A.4. - Provided an example of the type of provider expected
  B.1. - Provided an example of the type of provider expected
- Table 5 - assigned page number to attachment

Page 7:
- Table 6 - assigned page number to attachment
  Paragraph 2 - provided page number reference
- Table 7 - assigned page number to attachment
  Paragraphs 2 and 3 - provided page number reference.
- Cost of Services Table (COS) - assigned page number to attachment and added reminder that costs are "Claims-Based", not "IBNR".
- Provided a definition for "Capitation".
- Definitions of Column Headings:
  A. Clarified description
  B. Clarified description.
  C. Clarified description.
  D. Clarified description

Summary of 2002 Managed Care Filing Instruction Changes

Page 8:
- COS Table - continued

  D. - Page number reference provided
  FINAL NOTE - Page number reference provided

Page 9:
- Supplement 4 has been renamed "Supplement 2"

Page 10:
- Supplement 1
  1. Formalized e-mailing requirements.
  2. Deleted since filing is to be e-mailed
  3. Renumbered as item 2.
  4. Provided page number references
     Also, clarification relating to the "Live or Work" Rule
- In the "hardcopy" items 1 through 4 are misnumbered, but in the e-mail copy this has been corrected.

Page 11:
- Supplement 2 (as it was formerly known) and Supplement 3 - formally removed immediately proceeds with Supplement 2 (formerly Supplement 4)
- Supplement 2

  Provided page number reference
  A. Renamed Supplement 4 as Supplement 2
  B. Provided page number reference, and Supplement 4 renamed
  C. Hardcopy contains a typographic error, still referencing Supplement 4, when it should be "Supplement 2"
  D. "Non-Missouri enrollment" deleted, due to requirement of the "Live or Work" Rule.
  E. Changed specific date noted to "year-end"
  F. Corrected line references for formulas.

Page 12:
- Statement of Authorization

  Bullet #1 - The requirement to make sure diskettes are labeled correctly has been removed due to the E-Mail filing revision.
  Bullet #4 - (now bullet #3) deletes diskette mailer provisions, and replaces them with instructions to mail "an original" Statement of Authorization.
  Bullet #5 - (now bullet #4) updated date requirement

  Important Reminder - updated to comply with current requirements, and "Failure to File" and "Forfeiture" penalties detailed.

  Actual Statement of Authorization - revised to comply with E-Mail filing revisions.

Page 13:
- Check List for Review

  Enrollment - paragraph 2 clarified for compliance with the "Live or Work" Rule.

  NOTE - specifies that "State Page" (Exhibit of Premiums, Enrollment and Utilization) (page 7 in Quarterly, and page 34 in Annual) and Schedule T (page 17 in Quarterly, and page 56 in Annual) are used to determine whether correlation exists between Financial Statements and Managed Care Filings.

Summary of 2002 Managed Care Filing Instruction Changes

Page 14:
- Staff definition clarified.

Page 15:
- Table 1 sample for those utilizing the "Live" methodology, it was formerly Attachment 1.

Page 16:
- Table 1 - Missouri sample for those utilizing the "Work" methodology.

Page 17:
- Table 1 - Kansas sample for those utilizing the "Work" methodology.

Page 18:
- Table 1 - Illinois sample for those utilizing the "Work" methodology.

Page 19:
- Table 2 sample, formerly Attachment 2
- Parts A & B: "Unknown" replaced with "Other"

Page 20:
- Table 3 sample, formerly Attachment 3
- "In-Area" replaced with "In-Network"
- "Out-of-Area" replaced with "Out-of-Network"
- Unknown deleted

Page 21:
- Table 4 sample, formerly Attachment 4
- Provided formula utilized in Comparison Workbooks to calculate "Average Cost per Mental Health Encounter"

Page 22:
- Table 5 sample, formerly Attachment 5

Page 23:
- Table 6 sample, formerly Attachment 6
- Line 27 - Unknown deleted, which has caused a revision to all formulas.

Page 24:
- Table 7 sample, formerly Attachment 7
- Line 27 - Unknown deleted, which has caused a revision to all formulas.

Page 25:
- Cost of Services sample, formerly Attachment 8
- Headings have been updated, which reduced the number of lines, and revised the formulas.

Page 26:
- Supplement 1 sample, formerly Attachment 9

Page 27:
- Supplement 4, renamed Supplement 2
- Supplement 2 sample, formerly Attachment 12
- Former version replaced with Spring 2002 revision.